



SOAR Webinar Series: Strengthening SOAR Applications Through Strong Collaborations

Medical Summary Reports: What is in that Co-Signed MSR?



PRESENTED BY:

SAMHSA SOAR TECHNICAL ASSISTANCE CENTER
POLICY RESEARCH ASSOCIATES, INC.

UNDER CONTRACT TO:

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Disclaimer

- This training is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (DHHS)
- The contents of this presentation do not necessarily reflect the views or policies of SAMHSA or DHHS.
- The training should not be considered substitutes for individualized care and treatment decisions.

Webinar Instructions

- Muting
- Recording availability
- Downloading documents
- Evaluation
- Question instructions

Learning Objectives

- Learn best practice strategies for strengthening the SOAR Medical Summary Report (MSR).
- Learn how to collaborate with medical providers to be supportive of reviewing and signing MSRs.
- Gain a better understanding, through sharing successful MSRs, on how strong relationships with medical providers can lead to positive outcomes for SOAR applicants.

Agenda

Building Collaborations with Physicians to Gain Buy-In for Reviewing and Co-signing SOAR MSRs

- Maria Morrison, Senior Social Worker, Equal Justice Initiative, Montgomery, Alabama
- Suzie Brady, SOAR Specialist and Local Lead, Health Community Collaborative, Integral Care, Austin, Texas

SSA Policy Updates: Revised Mental Listings and Final Rule Medical Evidence

- Jen Elder, National Policy and Partnerships Coordinator, SOAR TA Center, Delmar, New York

Questions & Answers

- Facilitated by SOAR TA Center Staff



Medical Summary Report: Engaging Medical Providers and Justice-Involved Persons

Maria Morrison, Senior Social Worker, Equal Justice Center,
Montgomery, AL

The Journey Begins: Identifying SOAR Clients

- Know the population you are trying to assist
 - Develop a pre-screening tool
 - Educate service providers about SOAR basics and proper referral into program
- Establish relationships with community providers for referrals

Equal Justice Initiative

- EJI is a private, nonprofit human rights organization committed to ending mass incarceration and excessive punishment in the United States, to challenging racial and economic injustice, and to protecting basic human rights for the most vulnerable people in American society.
- EJI provides legal representation to people who have been illegally convicted, unfairly sentenced, or abused in state jails and prisons. We challenge the death penalty and excessive punishment and we provide re-entry assistance to formerly incarcerated people.

eji.org



Overview

- What is mass incarceration and why is it relevant to the MSR?
- Gathering information for the MSR
- Collaborations with doctors and psychologists
- Being strategic when writing the MSR
- The importance of creating a record

Mass Incarceration

- In 1972, we had 300,000 people in U.S. jails and prisons. Today there are 2.3 million.
- The U.S. represents about 5% of the world's population but houses about 25% of the world's prisoners.
- 1 in 20 adults will spend time in jail or prison in their lifetime.
- 1 in 3 black male babies are expected to go to jail or prison.
- \$80 billion spent annually on incarceration.



Health Disparities for Incarcerated Populations

- Violence and injuries are the most common health problem
- Suicide accounts for 1/3 of deaths in jails
- 50% of state prisoners and nearly 70% of people in jail have diagnosable substance use disorder
- 2-4 times higher rate of serious mental illness than in general population
- 550% increase in number of older adults since 1990

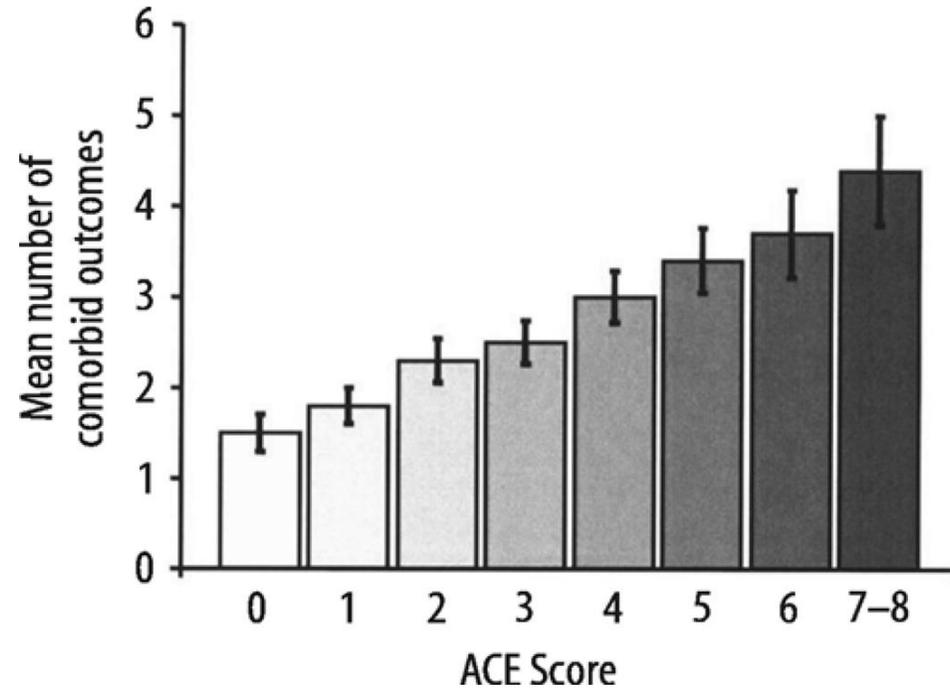


Mass Incarceration and Link to the MSR

- Incarceration is a common experience for people with disabilities who are poor and in need of SSI.
- Incarceration leads to functional impairments that are often not documented in medical records.
- Prison medical records are often insufficient, incomplete, inaccurate, and don't document the harm of incarceration itself.
- There are high rates of trauma among incarcerated populations.



Adverse Childhood Experiences Study (ACES)



NEW SSA Mental Listing for Trauma

- New SSA listing for trauma- and stressor-related disorders
- Will be evaluated using criteria separate from anxiety disorders
- You might observe symptoms psychologist doesn't
- May not capture complex trauma reactions

Trauma- and stressor-related disorders (12.15).

1. experiencing or witnessing a traumatic or stressful event
2. Symptoms and signs may include
 - distressing memories, dreams, and flashbacks
 - avoidant behavior
 - diminished interest in significant activities
 - persistent negative emotional states
 - anxiety, irritability, aggression
 - exaggerated startle response
 - difficulty concentrating
 - sleep disturbance

Gathering the Information

- Trauma-informed interviewing of client
- Interviews and/or records of providers and family members or friends
- Last 3 years of medical records
- Current medical evaluation/psychological evaluation



Collaborating with Physicians and Psychologists

- Share medical records prior to having the doctor evaluate the applicant
- Share a draft of the MSR prior to having the psychologist evaluate the applicant
- Get the MSR signed so that it will count as medical evidence

Organizing the MSR

- Providing descriptions of the applicant that lead the DDS examiner to the same conclusion you arrived at about the applicant's inability to work
- Beginning with a description of the applicant that allows the DDS worker to "see" him or her
- Telling a compelling story – emphasizing the parts of the applicant's life that are most important to understanding his or her challenges
- Concluding by connecting symptoms to functional limitations and answers the question: Can the applicant work at a substantial gainful level?

The Importance of Telling the Story

- Who will tell the stories if we don't?
- We can create medical evidence from a client's story
- SSI leads to access to services
 - Income
 - Housing
 - Medical and mental health care
 - Case management
 - A stepping stone to employment

Suggested Reading

- Just Mercy by Bryan Stevenson
- Trauma and Recovery by Judith Herman
- The Body Keeps the Score by Bessel van der Kolk
- Equal Justice Initiative website: www.eji.org
- Justice Resource Institute's Trauma Center website:
www.traumacenter.org
- ACE Study website:
<https://www.cdc.gov/violenceprevention/acestudy/>



Medical Summary Report: Writing Tips and Strategies for Provider Collaboration

Suzie Brady, SOAR Case Worker and Local Lead, Integral Care,
Austin, Texas



SOAR Medical Summary Report

Writing Tips and Strategies for Provider Collaboration

Suzie Brady, SOAR Specialist
Healthy Community Collaborative
Austin, Texas

Integral Care and Housing Services

Integral Care is the local mental health authority for Travis County. For more than 30 years, Integral Care has worked to address the intersection of homelessness and behavioral health issues. We provide permanent supportive housing to approximately 400 people, in 200 housing units that we own and another 200 secured from landlords across the community. Using a Housing First approach, we engage people in services, place them in housing, and offer rehabilitation supports to move them from chronic homelessness to recovery and housing stability. The housing teams are made up of mobile, multi-disciplinary staff members that provide care, support and crisis intervention 24 hours a day, 7 days a week. Services are tailored to each person's unique needs and are provided where the person lives whether that's on the streets, in a shelter, or in permanent supportive housing. We have one full-time SOAR Specialist serving the Healthy Community Collaborative program participants and another full-time SOAR Specialist starting next week that will serve participants in our other housing programs. We also currently have two University of Texas School of Social Work graduate students doing internships focusing on the SOAR process.



Don't Fear the MSR!

- Everyone Has Their Own Style – Find Yours!
- Links the DDS Examiner to the PERSON Behind the Medical Record
- This is What Makes SOAR Special!
- You Aren't Writing This Alone – Information Comes from Many Different Sources
 - Medical Records
 - Case Managers
 - Supported Employment Specialists

Writing Tips

- Quotes, Quotes, Quotes!
- Make the Connections for the Reader (Why, How, Links to Functioning)
- Use the Template (Find What Works Best for You!)
- Be Descriptive – Include Your First-Hand Knowledge of the Person
- Remember to Use the New Functional Criteria!
- Integrate Activities of Daily Living (ADLs)

Interviewing Tips

- Trauma-Informed Interviewing
- First Meeting – Explore Strengths and Revisit Throughout Process
- Honest – This Isn't a Job Interview!
- Observe and Gather Information When Meeting
- Simple, Open-Ended Questions

Provider Collaboration

- Don't Give Up!
- Advocate Within Your Agency
- Don't Be Afraid to Ask for What You Need
- Communicate with Your Physicians
- Make It Easy On the Provider

SSA Updates: Final Rule on Medical Evidence and Revised Mental Disorder Listings

Jen Elder, National Policy and Partnerships Coordinator, SOAR TA Center, Delmar, NY

Key Points

- SSA will include Advanced Practice Registered Nurses (APRNs), Physician Assistants, and audiologists as acceptable medical sources (AMS)
 - The APRN category includes four types of medical sources: Certified Nurse Midwife, Nurse Practitioner, Certified Registered Nurse Anesthetist, and Clinical Nurse Specialist.
- Medical evidence from these sources can be used to establish a medically determinable physical or mental impairment (*Step 2 of the sequential evaluation!*)
- Medical Summary Reports that are co-signed by an AMS and discuss an applicant's limitations in functioning will be considered a "medical opinion"

Key Points

- SSA will be removing the current “treating source” rule, which gives more weight to evidence from AMS providers who have an ongoing treatment relationship with the applicant.
 - This change recognizes that individuals often receive treatment from multiple providers and that many primary treatment providers do not meet the criteria for an AMS.
 - SSA emphasizes that the two most important factors for determining the persuasiveness of medical opinions are consistency and supportability in the records.
 - The new rules focus more on the *content* of medical opinions and less on weighing treating relationships against each other, so there will not be a hierarchy or “controlling weight” in consideration of evidence from medical sources.

Next Steps

1. Remember that these rules will only be applied to applications filed on or after **March 27, 2017**
2. Reach out to APRNs and Physician Assistants in your community who are providing treatment to individuals experiencing homelessness to bring them into your SOAR efforts!
 - Talk with them about the disability process, your role, and how they can help by providing evaluations and signing Medical Summary Reports

Revised Mental Listings Reminder

SOAR Webinar: Revisions to SSA's Mental Disorder Listings - What This Means for SOAR Providers

<https://soarworks.prainc.com/article/soar-webinar-listings>

Linking Functional Information to Diagnosis and Impairment: New Mental Disorder Criteria

<https://soarworks.prainc.com/article/linking-functional-information-diagnosis-and-impairment>

Questions and Answers

Facilitated By:

SAMHSA SOAR Technical Assistance Center
Policy Research Associates, Inc.

- Please type your question into the Q&A panel located underneath the participant tab, or
- To ask a question by phone, please raise your hand by clicking the hand icon in the participant pod. We will unmute you so you can ask your question.



Next webinar in this series:

SSA and the SOAR Process

Monday, January 30, 3:00-4:30pm EST

SEE YOU NEXT WEEK!

THANK YOU FOR YOUR PARTICIPATION!

For More Information on SOAR

<http://soarworks.prainc.com>

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